

Post MARK
5/25/11



STATE OF WASHINGTON
**APPLICATION FOR CHANGE/TRANSFER
OF WATER RIGHT**

JUL -7 AB :48

For filing with the Department of Ecology or with County Conservancy Boards

DEPT. OF ECOLOGY
FISCAL BUDGET

**A NON-REFUNDABLE MINIMUM FEE OF \$50.00 PAYABLE TO THE DEPARTMENT OF
ECOLOGY MUST ACCOMPANY THIS APPLICATION**

(Check all that apply.)

- ☒ Change purpose(s) of use
☐ Add purpose(s) of use
☒ Change point(s) of diversion/withdrawal
☐ Add point(s) of diversion/withdrawal
☒ Change/transfer place of use
☐ Other (i.e. consolidation, intertie, trust water)

Explain: _____

| | |
|--|-------------------------------------|
| FOR OFFICE USE ONLY | |
| CHANGE No. <u>CG-158498CL@170</u> | WRIA <u>8</u> |
| DATE ACCEPTED <u>7/7/11</u> | BY <u>DD</u> |
| FEE \$ <u>50-</u> | REC'D <u>7/7/11</u> |
| CHECK No. <u>7928</u> | |
| SEPA: <input checked="" type="checkbox"/> Exempt | <input type="checkbox"/> Not exempt |

****IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS (PLEASE PRINT OR TYPE CLEARLY)****

1. Applicant Information:

| | | |
|---|------------------------------------|--------------------------|
| APPLICANT/BUSINESS NAME KELLER NEIL R+MICHELE G | PHONE NO. (206)-354-0992 | FAX NO. () |
| ADDRESS 4111 BOULEVARD PL | | |
| CITY MERCER ISLAND | STATE WA | ZIP CODE 98040 |

| | | |
|--|--------------------|----------------|
| CONTACT NAME (IF DIFFERENT FROM ABOVE) | PHONE NO. (206) | FAX NO. () |
| ADDRESS | | |
| CITY | STATE | ZIP CODE |

| | | | |
|----------------------------|------------------|-----------------|---------------------------|
| FOR OFFICE USE ONLY | | | |
| APP. NO. _____ | PERMIT NO. _____ | CERT. NO. _____ | CERT. OF CHANGE NO. _____ |

CG-158498CL@170

2. Water Right Information:

| | |
|--|--|
| WATER RIGHT OR CLAIM NUMBER WRC 15698 | RECORDED NAME(S) King County Water District #1 |
| DO YOU OWN THE RIGHT TO BE CHANGED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | |
| IF NO, PROVIDE OWNER(S) NAME and ADDRESS: King County Water District #1 | |
| HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YEARS? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | |

Please attach copies of any documentation that demonstrates consistent, historical use of water since the right was established. Also, if you have a water system plan or conservation plan, please include a copy with your application.

3. Point(s) of Diversion/Withdrawal:

A. Existing

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|--------------|-----|---|-----------|-----------|-----------|-----------|-------------------|------------|
| Wells | | | NW | 17 | 25 | 5E | 1725059034 | |
| | | | | | | | | |

B. Proposed

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|------------------------|-----|---|-----------|-----------|-----------|----------|-------------------|------------|
| Lake Washington | | | NW | 13 | 24 | 4 | 3623500420 | |
| | | | | | | | | |

DO YOU OWN THE EXISTING AND PROPOSED POINT(S) OF DIVERSION/WITHDRAWAL?

EXISTING: ☐ YES ☒ NO PROPOSED: ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

4. Purpose of Use:

A. Existing

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|------------------|--------------|---------------|---|
| Municipal | 293.6 | 473.58 | Year round, with summer peak period. |
| | | | |
| | | | |

B. Proposed

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|--------------------------------|----------------|----------------|--|
| Irrigation of .40 acres | 18 GPM | 1.2 | April 15th to October 31st |
| Municipal | Balance | Balance | Year around with summer peak period. |
| | | | |
| | | | |

5. Place of Use:

A. Existing

| LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED: | | | | | | | |
|--|-----|------|------|------|--------|----------|------------|
| King County Water District #1 service area (the north half of Yarrow Point) | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | | | | | | | |
| DO YOU OWN ALL THE LANDS IN THE EXISTING PLACE OF USE? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |

B. Proposed

| LEGAL DESCRIPTION OF LANDS WHERE NEW USE IS PROPOSED: | | | | | | | |
|--|-----|------|------|------|--------|------------|------------|
| ISLAND PARK REPLAT OF LOT 9 & SELY 15 FT OF 8 EX NELY 240 FT THOF & SH LDS ADJ | | | | | | | |
| | | | | | | | |
| 1/4 | 1/4 | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | NW | 13 | 24 | 4 | King | 3623500420 | .40 |
| DO YOU OWN ALL THE LANDS IN THE PROPOSED PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |

Attach a detailed map of your proposed change/transfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map.

Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER?
☐ YES ☒ NO – IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S):

6. Remarks and Other Relevant Information:

| | |
|---|----------------------|
| Total acres to be irrigated : | .40 |
| Acres of turf to be irrigated: | .03 |
| Acres of other types of plants (landscaping and shrub) to be irrigated: | .37 |
| Pumping Rate (GPM): | 16 18 GPM |
| Even or Odd Day Requested (To be assigned based on availability): | ODD |
| Watering Time of Day Requested (To be assigned based on availability): | 1pm to 4:30 pm |
| IF FOR SEASONAL OR TEMPORARY, START DATE: April 15 th END DATE: October 31st | |

5:00
(4 HRS)

**ATTACHMENT FOR
APPLICATION FOR CHANGE**

Point(s) of Diversion/Withdrawal - ☐ Existing ☒ Proposed:

| SOURCE | NO. | ¼ | ¼ | SEC. | TWP. | RGE. | PARCEL # | WELL TAG # |
|-----------------|-----|---|----|------|------|------|------------|------------|
| Lake Washington | | | NW | 13 | 24 | 4 | 3623500420 | |
| | | | | | | | | |
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DO YOU OWN THE ABOVE POINT(S) OF DIVERSION/WITHDRAWAL? ☒ YES ☐ NO – IF NO, PROVIDE OWNER(S) NAME:

Purpose(s) of Use - ☐ Existing ☒ Proposed:

| PURPOSE OF USE | GPM or CFS | ACRE-FT/YR | PERIOD OF USE |
|----------------------|------------|------------|-----------------|
| Landscape Irrigation | 18 GPM | 1.2 | April thru Oct. |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Place of Use - ☐ Existing ☒ Proposed:

| LEGAL DESCRIPTION OF LANDS | | | | | | | |
|---|----|------|------|------|--------|------------|------------|
| ISLAND PARK REPLAT OF LOT 9 & SELY 15 FT OF 8 EX NELY 240 FT THOF & SH LDS ADJ | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| ¼ | ¼ | SEC. | TWP. | RGE. | COUNTY | PARCEL # | # OF ACRES |
| | NW | 13 | 24 | 4 | King | 3623500420 | .40 |
| DO YOU OWN ALL THE LANDS IN ABOVE PLACE OF USE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO – IF NO, PROVIDE OWNER(S) NAME: | | | | | | | |

Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request.

Please contact the State Department of Revenue for further information. The phone number is (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477.

7. Signatures:

I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me.

X Michael J. Keller 5/24/2011
(Applicant) (Date)

Bob Zille 7/5/11
(Water Right Holder) (Date)

Bob Zille 7/5/11
(Land Owner(s) of Existing Place of Use) (Date)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION FOR THE FOLLOWING REASON(S):

- ☐ APPLICATION FEE NOT ENCLOSED ☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED ☐ SECTION _____ IS INCOMPLETE
☐ OTHER/EXPLANATION: _____

STAFF: _____ DATE: ____/____/____